

2002 Superintendent Seminar ~ Germany



APPLICATION FOR FULBRIGHT SEMINAR IN GERMANY FOR U.S. SUPERINTENDENTS AND ASSOCIATE/ASSISTANT SUPERINTENDENTS

Please type or print clearly in black ink. This form may be copied.

I. APPLICANT BASIC DATA

A. Title: " Dr. " Mr. " Mrs. " Ms. " Miss Name (last, first, middle):	F. U.S. Citizen: " Yes " No
	G. U.S. Veteran: " Yes " No
B. Complete Home Mailing Address (include number, street, city, state, zip code):	H. Disabled: " Yes " No If so, please describe:
C. Home Telephone (area code, number): Home Fax (area code, number): Home E-mail:	I. Ethnicity: (select one) " Hispanic or Latino " Not Hispanic or Latino
D. Date of Birth (month/day/year): Place of Birth (city, state, country):	J. Race: (select one or more of the following) " American Indian or Alaskan Native " Asian " Black or African American " Native Hawaiian or Other Pacific Islander " White
E. Have you ever visited Germany? " Yes (if yes, continue below) " No If so, when, how long, and what was the purpose of your visit?	

II. PRESENT EMPLOYMENT

A. Present Position Title:		
B. Name and Address of School District (include number, street, city, state, zip code):	Telephone (area code, number): Fax (area code, number):	
C. How large is your school district? (a) number of schools: (b) number of teachers: (c) number of students:		
D. Does your school district currently have a German language and culture program? " Yes (if yes, continue below) " No (a) size and scope of the program: (b) number of teachers of German in the school district and the level at which they teach:		

III. NARRATIVE (Please use only the space provided. Please type or print clearly.)

The purpose of this program is to increase understanding of German society and culture and its interrelationship with the U.S., and to nurture international partnerships.

A. Why do you wish to be considered for the program?

B. Describe what impact your participation will have on your district and community, and how you plan to share the knowledge gained from the program (e.g. with colleagues, professional groups, community, etc.) and to strengthen German language and cultural programs in your school district.

*Signature: _____

Date: _____

** I understand that this program is not open to family members.*



Please submit application to:
600 Maryland Ave., SW Suite 320; Washington DC 20024
fax 202.479.6806 ~ phone 202.314.3520 ~ fulbright@grad.usda.gov